

# Effect Of Selected Yoga Module on The Level of Quality of Life (QoL) Of Drug Addicts in Rehabilitation Center

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## ABSTRACT

The abuse of drugs and other substances has developed into a pervasive problem that poses a risk to society. It is hard for any country to completely eliminate the problems that are related with drug addiction due to the large number of components that are involved. Nevertheless, in order to maintain their status as responsible societies, all communities, nations, and governments must acknowledge the existence of social evil and not choose to ignore it. According to the findings of a comprehensive study that looked at the activities that are provided at rehabilitation centers, the positive impacts that physical exercise has on the recovery process are not given nearly enough consideration. The purpose of this investigation is to determine whether or not Yoga therapy is effective in the treatment of drug addicts. The investigation will be exploratory in nature. After randomly allocating 60 male volunteers to either an experimental or a control group, a treatment plan consisting of either Yoga or a traditional de-addiction program was provided to each of them to engage in for a period of twelve weeks. The duration of the Yoga treatment program was the same. The WHO -QoL questionnaire were used to measure the outcomes of the study. In the group that took part in the Yoga therapy program, there was a significantly higher incidence of observations that met the criteria for statistical significance. The results of this study suggest that Yoga therapy is an effective way for helping those who have struggled with substance misuse recover.

**keywords:** Rehabilitation, Yoga Therapy, Drug Addicts, WHO QOL

## INTRODUCTION

The abuse of drugs and other substances has developed into a pervasive problem that poses a risk to society. It is hard for any country to completely eliminate the problems that are related with drug addiction due to the large number of components that are involved. Nevertheless, in order to maintain their status as responsible societies, all communities, nations, and governments must acknowledge the existence of social evil and not choose to ignore it. An addiction to drugs may be broken down into a number of phases, all of which result in the behavior of relapsing, which is typical of the illness. It is possible that the dopaminergic mesocorticolimbic (MCL) system plays a significant role in the process of developing a dependency on drugs. It is hypothesized to have a role in reward-related associative learning, reinforcement, and motivational salience, which is why this is the case. Between the years 1870 and 1900, the great majority of those who practiced medicine believed that addiction was either a

pathological appetite, a routine, or a terrible habit. Around the turn of the century, doctors and other medical experts began classifying the illness as a disease for the first time. It is impossible to untangle the conditions that surround a person's drug usage from the desire that leads them to take drugs in the first place. This is because the two are inextricably linked. The repeated findings that the same people may get addicted to many things, either simultaneously, sequentially, or alternatively, present the strongest argument in favor of the idea that addictiveness is a personality feature that is distinct to each individual. However, following that, they relate these behavioral disorders to other constructs, such as tolerance and withdrawal, both of which are believed to have a basis in biology.

In 1964, the World Health Organization Expert Committee on Addiction-Producing Drugs was renamed the World Health Organization Expert Committee of Dependence-Producing Drugs. Previously, its name had been the World Health Organization Expert Committee on Drugs That Produce Addiction.

The pharmacological properties of some drugs will undoubtedly cause the user to become physically dependent on the medication if it is used in sufficient doses for a lengthy period of time. Psychic dependence, despite the fact that it is also associated with pharmacological activity, is more particularly a manifestation of a person's reaction to the effects of a particular drug, and it varies depending on both the individual and the substance.

The individual's response to the side effects of a particular medicine might manifest itself as psychological reliance on that substance. According to this model, the psychological reliance is the factor that contributes the most significantly to the persistent intoxication that results from the inappropriate use of psychotropic drugs. This is true even in the case of the most intense desires and the persistent maintenance of addictive behavior. It has been observed quite frequently that the treatment and rehabilitation programs that are provided by various rehabilitation centers place a greater emphasis on the administration of medication for treatment as opposed to treatment and rehabilitation measures such as counseling, religious prayer sessions, the pursuit of hobbies, and dietary measures. This is something that has been observed rather frequently. A regular practice of Yoga can bring about mental clarity and tranquility, build bodily awareness, reduce chronic stress patterns, calm the mind, concentrate attention, and sharpen concentration. Yoga can also bring about mental clarity and tranquility through developing body awareness. Yoga has also been shown to help alleviate patterns of chronic stress. As a result, the goal of this research is to explore the impact that Yogic treatment has on the mindset of drug users as well as their sense of self-confidence.

## **OBJECTIVES OF THE STUDY**

1. To the study of Drug addiction and Quality of life.
2. To the study of the effect of selected Yoga module on the level of Quality of life (QOL) of Drug Addicts of Rehabilitation Center

## **Material, Methods and Participants**

A description of the characteristics of the sample, as well as an analysis and interpretation of the data obtained for the research titled "**Effect of Selected Yoga Module on the level of Quality of Life**

**(QOL) of Drug Addicts in Rehabilitation Center"** which was conducted by the authors of this article. In total, one hundred and twenty drug addicts who were getting treatment at the Shimla Rehabilitation Center provided their feedback for this study.

**INCLUSION CRITERIA**

- All the subjects considered with low level of Quality of life.
- The male subjects considered as subjects for the study.
- No previous history of Yoga practice.
- Interested to participate in experimental session.
- Everyone has received personalized attention and supervision of a Yoga expert during Yoga sessions.
- The subjects of experimental group kept on the Yogic intervention throughout the study.

**EXCLUSION CRITERIA**

- The subjects will be excluded with cardiac, renal, hepatic or any other dangerous health complication.
- Subjects with major psychological problems will be avoided.
- Subjects with unwillingness to participate in experimental intervention.

**EXPERIMENTAL DESIGN**

In this study, two groups “Pre” and “Post” design will be adopted which has been displayed in Table-1. In this design, a control group has been considered not only for comparative purpose but also to eliminate the testing sensitivity (if any).

Table-1, Design of Research

<b>Groups</b>	<b>Pre- experimental stage Measurement of Dependent Variables</b>	<b>Assignment of Selected Yoga Practice (asanas Pranayamasand Prayers) for 12 weeks.</b>	<b>Post Test (after 12 weeks)</b>
Experimental (N=60)	Yes	Yes	Yes
Control(N=60)	Yes	No specified training for 12 weeks	Yes

**Selected Yogic Module Intervention**

Total (60 minutes)

- Starting with Prayer and Pawanmuktasan 1----- 15 min
- **Asanas** (total=25 minutes):Suryanamaskar 2 to 5 set

**Sitting Position** – Sukhasana,ArdhaPadmasana, Padmasana, Vajrasana, Bhadrasana, Gomukhasana, ,Ushtrasana,Paschimottanasana.

**Standing Position**-Tadasana,KatiChakrasana,Veebhadradasana,Trikonasana,Vrikshasana .

**Lying on Back (Supine position)** –

Naukasana,Setubandasana,Uttanpadasana,Sarvangasana,Matasyasana and Shavasana.

**Lying on Abdomen (Prone position)**-Bhujangasana,Dhanurasana,Shalbhasana,Makarasana.

- **Pranayama** (total=18 minutes):

- Nadi Shodhan (for 10 Minutes per day).
- Bhramari Pranayama (for 8 minutes per day).
- Session end with Prayers (2 Minutes)

**World Health Organization Quality of Life (WHOQOL):** The WHOQOL is a widely recognized instrument that assesses quality of life across physical, psychological, social, and environmental domains. It is available in different versions, including WHOQOL-BREF, which is a shorter version suitable for research and clinical settings.

**Dimensions and Domains of Quality of Life:** Quality of life is a multidimensional construct that encompasses several domains. The specific dimensions and domains may vary depending on the theoretical framework or measurement instrument used. However, some commonly recognized domains of quality of life include:

1. **Overall Life Satisfaction:** This domain represents the individual's general evaluation and subjective perception of their life as a whole. It considers the person's fulfillment of needs, attainment of goals, and their overall level of contentment.
2. **Physical Health:** This domain relates to an individual's physical well-being, including their overall health status, functional abilities, and the presence or absence of physical symptoms.
3. **Mental Well-being:** This domain focuses on an individual's psychological state, including their emotional well-being, cognitive functioning, self-esteem, and the presence or absence of mental health disorders.
4. **Social Relationships:** This domain pertains to the Quality and extent of an individual's social connections, including their relationships with family, friends, and the broader community. It encompasses aspects such as social support, social integration, and the sense of belonging.
5. **Environmental Factors:** This domain considers the influence of the physical and social environment on an individual's quality of life. It includes factors such as access to healthcare, educational opportunities, safety, and the availability of resources and amenities.

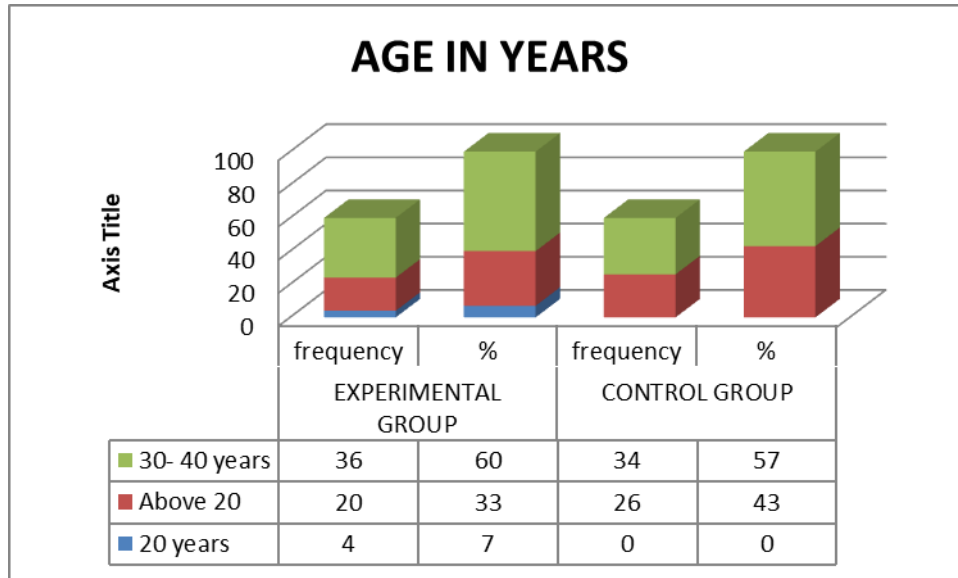
**DISCUSSION-** The following is a list of some of the categories that were utilized during the process of data analysis and presentation.

**DATA ANALYSIS**

**Table 1. Frequency and percentage distribution of demographic variables of Drug Addicts in experimental and control group. n1= 60, n2= 60**

S. NO	AGE IN YEARS	EXPERIMENTAL GROUP		CONTROL GROUP	
		frequency	%	frequency	%
1	20 years	4	7.00	0	0.00
	Above 20	20	33.00	26	43.00
	30- 40 years	36	60.00	34	57.00

The distribution of the various demographic characteristics of Drug Addicts' customers is shown in Table 1. In terms of age, the plurality of people in the experimental group, 36 (60%), belonged to the age range of 30-40 years, while 20 (33%) belonged to the age range of Above 20 years, and 4 (7%), belonged to the age range of 20 years. The majority of the people in the control group were between the ages of 30 and 40 (57%) and above 20 (43%) years old. (Fig. 2)

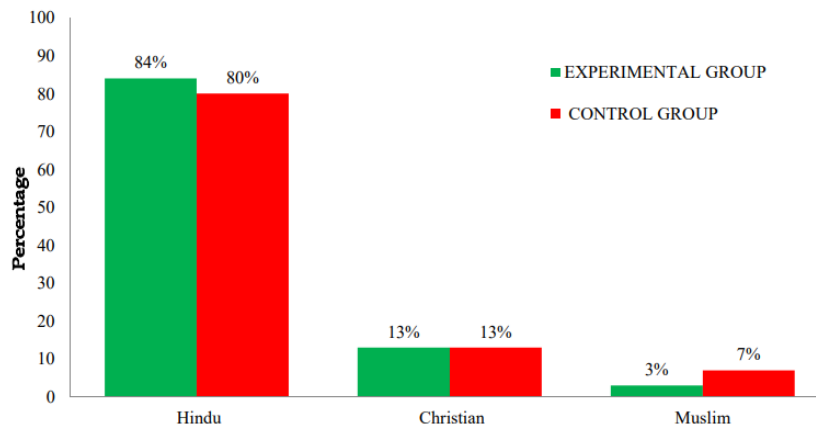


**Fig 1: Percentage distribution of Drug Addicts according to their age in years in experimental and control group**

**Table 2: Percentage distribution of Drug Addicts according to their religion in experimental and control group**

S. NO	RELIGION	EXPERIMENTAL GROUP		CONTROL GROUP	
		F	%	f	%
2	Hindu	50	84.00	48	80.00
	Christian	8	13.00	8	13.00
	Muslim	2	3.00	4	7.00

In terms of their religious beliefs, the majority of those in the experimental group were Hindus (84%), while only 13% were Christians and 3% were Muslims. Within the control group, the plurality, 48 (80%), adhered to Hinduism. Only 8 (13%) Christians and 4 (7%) Muslims made up this group. (Fig. 2)

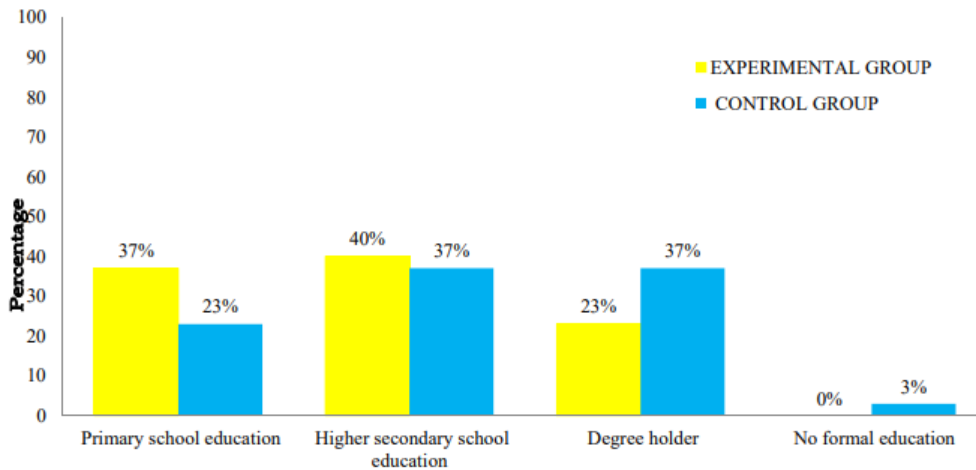


**Fig 2: Percentage distribution of Drug Addicts according to their religion in experimental and control group**

**Table 3: Percentage distribution of Drug Addicts according to their education in experimental and control group**

S. NO	Education	EXPERIMENTAL GROUP		CONTROL GROUP	
		F	%	f	%
3	Education				
	Primary school education	22	37.00	14	23.00
	Higher secondary education	24	40.00	22	37.00
	Degree holder	14	23.00	22	37.00
	No formal education	0	0.00	2	3.00

In terms of schooling, the majority of people in the experimental group had attended a higher level of secondary school (24, or forty percent), elementary school (22, or thirty seven percent), and college (14, or twenty three percent). The majority of people in the control group, 22 (37%) had completed higher secondary school, 22 (37%) held a bachelor's degree, 14 (23%) had completed elementary school, and 2 (3% do not have any official education). (Fig. 3)

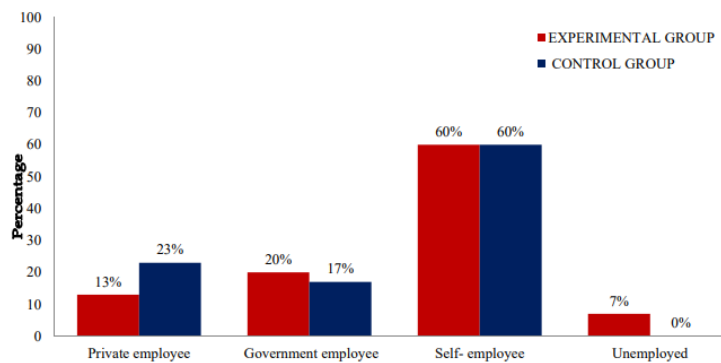


**Fig 3: Percentage distribution of Drug Addicts according to their education in experimental and control group**

**Table 4: Percentage distribution of Drug Addicts according to their occupation in experimental and control group**

S. NO	OCCUPATION	EXPERIMENTAL GROUP		CONTROL GROUP	
		F	%	f	%
4	Private employee	8	13.00	14	23.00
	Government employee	12	20.00	10	17.00
	Self- employee	36	60.00	36	60.00
	Unemployed	4	7.00	0	0.00

In terms of employment, the majority of people in the experimental group, 36 (60%), worked for themselves as self-employed people, while 12 (20%) worked for the government, 8 (13%) worked for private companies, and 4 (7% were unemployed). The plurality of people in the control group, 36, were self-employed, while 14 (23%) were employed in the commercial sector, and 10 (17%) worked for the government. (Fig. 4)

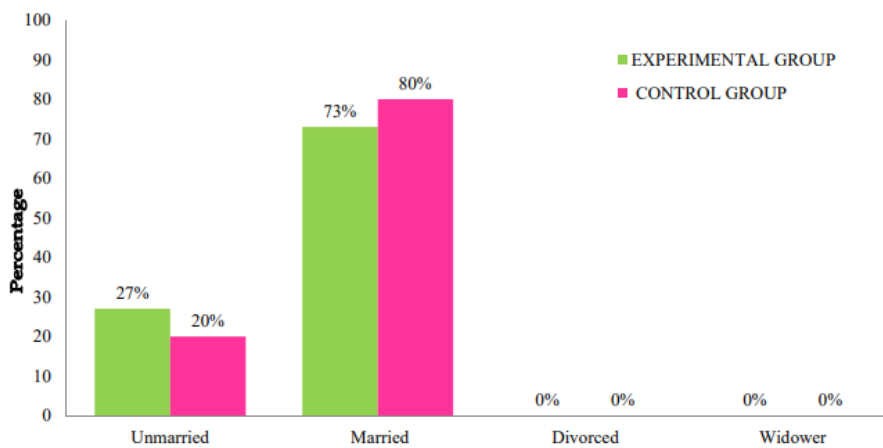


**Figure 4 displays the percentage distribution of drug addicts according to their employment in both the test group and the control group.**

**Table 5 presents the percentage distribution of drug addicts according to their marriage status, broken down by both the test group and the control group.**

S. NO	MARITAL STATUS	EXPERIMENTAL GROUP		CONTROL GROUP	
		f	%	f	%
5	Unmarried	16	27.00	12	20.00
	Married	44	73.00	48	80.00
	Divorced	0	0.00	0	0.00
	Widower	0	0.00	0	0.00

In terms of marital status, the plurality of people in the experimental group, 44 (73%), were married, while only 16 (27%) were single. The plurality of the subjects in the control group, 48 (80%), were married, while only 12 (20%) were single. (Fig. 5)



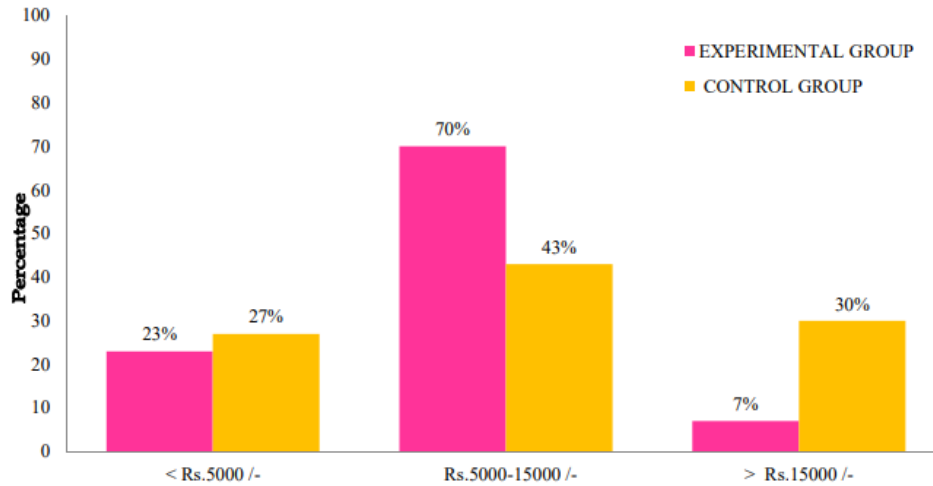
**Figure 5 displays the percentage distribution of drug addicts according to their marriage status in both the test group and the control group.**

**Table 6 presents the percentage distribution of drug addicts according to their monthly salary, broken down by both the experimental group and the control group.**

S. NO	MONTHLY INCOME	EXPERIMENTAL GROUP		CONTROL GROUP	
		f	%	f	%
6	a. < Rs.5000 /-	14	23.00	16	27.00
	b. Rs.5000-15000 /-	42	70.00	26	43.00
	c. > Rs.15000 /-	2	7.00	18	30.00



In terms of monthly revenue, the majority of people in the experimental group, 42 (70%) of the group had between Rs.5000 and Rs.15000, 14 (23%) of the group had less than Rs.5000, and only 4 (7% of the group) had more than Rs.15000. In the control group, the plurality of participants, 26 (43%) of the group had between Rs. 5000 and Rs. 15000, while 18 (30%) of the participants had more than Rs. 15000, and 16 (27%) of the participants had less than Rs. 5000. (Fig. 6)



**PRETEST AND POSTTEST LEVEL OF QUALITY OF LIFE AMONG DRUG ADDICTS IN EXPERIMENTAL AND CONTROL GROUPS.**

**TABLE -7**

**Frequency and percentage distribution of pretest and posttest level of quality of life among Drug Addicts in experimental and control groups. n1= 60, n2= 60**

Domains	Experimental group												Control group												
	Dissatisfactory				Satisfactory				Highly satisfactory				Dissatisfactory				Satisfactory				Highly satisfactory				
	Pre Test		Post test		Pre Test		Post Test		Pre Test		Post Test		Pre Test		Post test		Pre test		Post test		Pre Test		Post test		
	F	%	F	%	f	%	f	%	F	%	f	%	f	%	F	%	F	%	f	%	f	%	F	%	F
Overall quality of life and general health	10	17	-	-	40	66	34	57	10	17	26	43	8	13	-	-	48	80	50	83	4	7	10	17	
Physical domain	16	27	-	-	44	73	12	20	-	-	48	80	16	27	-	-	44	73	34	57	-	-	26	43	
Psycho-logical domain	14	23	-	-	44	74	8	13	2	3	52	87	18	30	-	-	42	70	32	53	-	-	28	47	

Social domain	50	83	-	-	10	17	8	13	-	-	52	87	30	50	-	-	30	50	40	67	-	-	20	33
Environmental domain	10	17	-	-	50	83	8	13	-	-	52	87	6	10	-	-	54	90	36	60	-	-	24	40

According to what is shown in Table 7, the majority of people in the experimental group at the time of the pretest had a satisfactory quality of life, ten (17%) of them had an extremely satisfactory quality of life, and ten (17%) of them had a dissatisfactory quality of life. These results are in relation to the overall quality of life and general health. At the posttest, the plurality of participants, 34 (57%), reported having a satisfactory quality of life, and 26 (43%) reported having an extremely satisfactory quality of life. Within the control group, the plurality, 48 (80%), reported having a satisfactory quality of life, while only 8 (13%) reported having a dissatisfactory quality of life, and only 4 (7%), reported having an extremely satisfactory quality of life. At the posttest, the majority of participants, fifty (83%), reported having a satisfactory quality of life, while ten (17%) reported having an extremely satisfactory quality of life.

### CONCLUSION

The purpose of this study was to investigate whether or not the addition of a Yoga therapy program to conventional de-addiction programs, as well as the impacts of conventional de-addiction programs on their own, had a positive impact on the participants' levels of Quality of Life and whether or not these advantages could be achieved by Yoga therapy alone. This conclusion may be suitably related to the facts that a well-planned Yoga treatment program does increase every system of human functioning and biological structure by creating a rise in working ability evident via fitness growth. This development may be seen as proof of the beneficial effects of Yoga. The fact that Yoga therapy is beneficial to several different systems, including the musculoskeletal system, the cardio respiratory system, the neurological system, and the internal digestive system, is something that has been well researched and proven. In this specific study, we were solely interested in assessing psychological features as opposed to testing physical and physiological factors such as the participant's heart rate, the quantity of physical activity they got, and so on. According to the findings of a study that was carried out by Alogian, the immediate effect of a single session of Yoga therapy that lasted for thirty minutes had a favorable influence on changes in mood as well as patterns of behaviour. Recent studies that were conducted over the course of a month found that practicing Yoga was good for a variety of reasons, including boosting one's self-confidence and improving one's attitude.

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